

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
APPLN. NO. 09/056738

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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48			/			
49						
50						
TOTAL IND.	/					
TOTAL DEP.	5	↔				
TOTAL CLAIMS	6	↔				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52				/		
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100						
TOTAL IND.				5		
TOTAL DEP.		↔		49	↔	
TOTAL CLAIMS				54		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS